

Revision: HCFA-AT-81-34 (BPP)

10-81

State NEVADACitation

42 CFR 447.10(c)
AT-78-90
46 FR 42699

4.21 Prohibition Against Reassignment of
Provider Claims

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

Attachment 4.21-A specifies conditions
under which a provider may compensate
another person or entity to do his
billing.

TN # 87-18

Supersedes

TN # 82-5Approval Date SEP 11 1987Effective Date 7/1/87